



10290 Southon Rd
San Antonio, Texas 78223

Monthly Giving Enrollment Form

The Friends of Lifetime Recovery

You can provide steady help to those in need. Join today! Your monthly help will be convenient, efficient and reliable!

When you sign up to give monthly through The Friends of Lifetime Recovery, you will support treatment throughout the year, especially for those who need it most. Your giving occurs automatically each month. Simply fill out this form and mail it to us in the enclosed envelope.

I would like to make my monthly gift to Lifetime Recovery in the amount of:

1

\$10 \$15

\$20 \$25

\$50 \$100

Other \$ _____

Personal Information **2**

Name: _____

Street Address: _____

City: _____, State: _____

Zip: _____

E-Mail : _____

Your e-mail address will permit us to give you regular updates on your account

Checking Account Option **3**

I authorize my bank to pay Lifetime Recovery the amount of \$ _____ each month *[please see Automatic Monthly Giving on other side of this form]*..

Voided check enclosed to provide account and routing numbers

OR

Bank Routing No: _____

Account No: _____

Name: _____

Please print clearly

Credit Card Option

Please charge my month gift to my credit card.

Visa MasterCard Amer Exp

Credit Card Number: _____

Expiration Date: ____/____/____

Please be sure that your address and zip code in Box 2 match your credit card billing address.

Signature: _____

Your gifts will appear on your monthly bank or credit card statement